

02 FEB 2006

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/538388

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		2		/		
4	/		/			
5	/		/			
6		1		/		
7	/		/			
8	/		/			
9	/		/			
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14	/		/			
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	2		/			
20	14		/			
21	12		/			
22	14		/			
23	14		/			
24	14		/			
25	14		/			
26	14		/			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	131	◀	31	◀		
TOTAL CLAIMS	135	[REDACTED]	31	[REDACTED]		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		◀			◀	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		